

PRINTED: 07/14/2011  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  07/13/2011
NAME OF PROVIDER OR SUPPLIER  LAUREL MANOR HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 902 BUCHANAN RD NEW TAZEVELL, TN 37825		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments  During the annual Licensure and complaint investigation number 28210 and 28127, conducted on July 13, 2011, at Laurel Manor Healthcare, no deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 001			

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Administrator

(X6) DATE

7-28-11

6906

DQ5R11

If continuation sheet 1 of 1